

EXHIBIT 30

BIOGRAPHICAL INFORMATION – VAN WINKLE LAW FIRM

LARRY S. McDEVITT

DAVID M. WILKERSON

The Van Winkle Law Firm, based in Asheville, North Carolina is the largest law firm in North Carolina west of Charlotte. It has enjoyed an “AV” rating for decades in Martindale-Hubble’s listing of attorneys. While the firm routinely utilizes a team of attorneys in complex litigation, Larry S. McDevitt will serve as principal counsel for the Firm in this case, assisted by David M. Wilkerson, another partner in the Firm. Van Winkle represents clients throughout the United States. Class action cases in which the firm has appeared as lead or liaison counsel or in a major leadership role include: In Re Polyester Staple Antitrust Litigation (W.D.N.C.), In Re Cotton Yarn Antitrust Litigation (M.D.N.C.), White v. James B. Hunt Jr. (W.D.N.C.); Creekmore v. Brown & Williamson Tobacco Corp. (Buncombe County, NC); Gasperson v. U. S. Sprint (W.D.N.C.); Prentiss v. Allstate (Haywood County, NC); Lazy Horseshoe Ranch v. USA (D. Neb); McElreath v. Premark International, Inc. (Buncombe County, NC); Goetsch v. Household Finance Corporation (W.D.N.C.); Hartman v. Charter Behavioral Health Systems, LLC (W.D.N.C.), and Kelli R. Cervan, et al. v. Blue Cross and Blue Shield, et al., (W.D.N.C.) since MDLed to the Northern District of Alabama, Southern Division,

Larry S. McDevitt is the senior principal in the Firm with 50 years of trial experience; he is recognized for his expertise in the trial and management of complex cases. He is a Fellow in both the American College of Trial Lawyers and International Society of Barristers. The major focus of his practice is civil litigation with special emphasis on antitrust and patent infringement. He served as Liaison Counsel in the *Polyester Staple Antitrust Litigation* and in the *Cotton Yarn Antitrust Litigation*. Additionally, he was co-lead counsel in 23 jurisdictions in certain Tobacco

Litigation – *White v. Hunt*, and *Creekmore v. Brown & Williamson*. He current serves as Chair of the Class Certification Committee of the *Blue Cross/Blue Shield Litigation*, now in its sixth year. He also has a significant practice in the business area and represents the utility, development, and communication industries. McDevitt is a permanent member of the Judicial Conference for the United States Fourth Circuit. He was admitted to practice in the U.S. Supreme Court in 1973. He has also served as President of the North Carolina Bar Association and President of the University of North Carolina Law School Alumni Association.

David M. Wilkerson is a full principal in the Firm with nearly 20 years of trial experience. He has significant expertise in class action litigation usually teaming with McDevitt. He is a past or current member of the Antitrust and Litigation Sections of both the North Carolina and American Bar Associations and has served on the Section Council of each. Prior to joining Van Winkle, he practiced for eight years with a firm in Columbia, South Carolina in the field of commercial litigation and is licensed in both North Carolina and South Carolina. He is admitted to practice in the Western, Middle and Eastern Districts of North Carolina, as well as the District of South Carolina. He has been actively involved in most of the antitrust litigation listed above. In addition, he serves in a leadership position on the Discovery Committee of the *Blue Cross/Blue Shield Antitrust Litigation* currently pending in the Northern District of Alabama, Southern Division.

Jason S. Cowart

Partner

As the health care industry continues to experience historic changes, Jason S. Cowart represents health care providers and their patients in high-stakes disputes with health insurance companies.

Jason's work focuses on ensuring patients are not wrongfully denied treatment and providers are appropriately compensated.

By developing legal theories clarifying the rights and remedies provided by ERISA, the Employee Retirement Income Security Act, Jason's work has dramatically expanded the ability of providers and patients to challenge insurance company claim determinations.

Jason is currently working to redress a number of insurance company practices that exacerbate the financial pressures providers and patients face. These include improper denials due to overly restrictive internal coverage guidelines and coordination of benefit protocols, overbroad application of experimental or investigational exclusions, claim bundling and down-coding, and discrimination against mental health patients.

Jason's work uncovering and addressing health insurance company misconduct draws upon his extensive experience in complex securities fraud, derivative, and antitrust matters. Jason represented:

- copper purchasers in a private antitrust case that sprang from Sumitomo trader Yasuo Hamanaka's efforts to corner the world's copper market;
- a class of AT&T investors that suffered millions of dollars in losses in Jack Grubman's analyst rating scandal;
- investors defrauded by Bernard Madoff's Ponzi scheme; and
- BP common stock investors in litigation that established the viability of common law claims to remedy securities fraud violations that occur in connection with foreign traded stocks.



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Practice Focus

Business Litigation

Health Care

Insurance

Investigations

Plaintiffs and Class Actions

Securities and

Commodities Litigation

Education

Northwestern University Law School, J.D., 1999

- Articles Editor, *Journal of International Law and Business*
- Winner and Best Speaker, Julius H. Minor Moot Court Competition

University of Michigan, B.A., 1993

B.A., *summa cum laude*,

Clerkships

Hon. Richard Enslen, U.S.

District Court, Western District of Michigan



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JASON S. COWART | 1

Professional Leadership

- Former President-Elect and Secretary, National Association of Shareholder and Consumer Attorneys

Bar Admissions

- District of Columbia
- New York

Court Admissions

- U.S. Supreme Court
- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Third Circuit
- U.S. Court of Appeals, Seventh Circuit
- U.S. Court of Appeals, Eighth Circuit
- U.S. Court of Appeals, Ninth Circuit
- U.S. District Court, District of Colorado
- U.S. District Court, District of Columbia
- U.S. District Court, Eastern District of New York
- U.S. District Court, Southern District of New York
- U.S. District Court, Western District of Michigan

Representative Matters

- Represented a class of New Jersey chiropractors in a case that settled for \$33 million. At issue was the insurer's refusal to pay chiropractors separately for certain procedures performed on the same day as spinal manipulation, on the theory that payment for those procedures was "bundled" into the payment for spinal manipulation.
- Represented mental health providers and their patents in one of the first cases in the country seeking to enforce the Mental Health Parity and Addiction Equity Act of 2008. At issue was whether United Healthcare, a third party administrator, could be held liable under ERISA for applying allegedly discriminatory policies and procedures when making mental health and substance abuse-related claim determinations. After the United States Court of Appeals for the Second Circuit agreed with Jason that United could be held liable under these circumstances, the case settled. Jason is currently litigating several other cases against insurers (including United and Aetna) challenging the legality of the internal guidelines they use when adjudicating mental health and substance abuse claims.



- Represents health care providers against several insurers, including United Healthcare and Aetna, in ERISA actions seeking notice and appeal rights in connection with repayment demands and challenging the legality of cross-plan offsets. In one such action against United, a class of out-of-network providers has been certified. These cases raise numerous issues of first impression including those related to out-of-network providers' ERISA rights, their standing to assert such rights, and the scope of available judicial remedies.
- Represents health care providers challenging the claim by insurance companies that the providers have not collected their patients' full co-payment and co-insurance obligation and that, therefore, the insurer has no obligation to pay related health insurance claims.
- Represents patients and providers in litigation brought against various third party administrators challenging the use of plan assets and health spending accounts to pay administrative fees and expenses.
- Represents patients in litigation against insurers challenging denial of coverage for transcranial magnetic stimulation to treat depression on the ground that it is experimental or investigational.
- Representing a putative class of patients in an action against a major insurance company for allegedly discriminating against out-of-network psychiatrists and other mental health providers for mental health services. Plaintiffs allege that the insurer's policy of reimbursing mental health providers less than non-mental health specialists for providing the same services violates ERISA.
- Represented numerous institutional investors in securities fraud cases concerning statements that BP made about its purported safety reforms prior to the 2010 Deepwater Horizon oil rig explosion. In these cases, Jason played the lead role in defeating BP's motion to dismiss, convincing the court that the Supreme Court's Morrison decision (which prevents investors from pursuing federal securities fraud claims based on foreign securities transactions) did not defeat his clients' common law claims.
- Represented a Pfizer shareholder in derivative litigation brought against the Pfizer board of directors alleging that the board breached its fiduciary duties by approving the company's illegal off-label marketing campaign. The settlement not only required the defendants to forfeit \$75 million (one of the largest derivative settlements in history), it also required implementation of corporate governance reforms designed to ensure compliance with drug marketing laws.
- Represented an institutional investor in a securities fraud class action against Citigroup, its CEO Sanford Weil, and telecommunications analyst Jack Grubman. The case concerned Mr. Grubman's decision in 1999 to change his recommendation on AT&T stock to a "buy" and allegations that this opinion was not honestly believed and was actually designed to advance his personal interests and those of Mr. Weil. Although similar claims against stock analysts were dismissed, Jason deconstructed Mr. Grubman's buy rating rationale and documented facts indicating that Mr. Grubman was aware of substantive problems at AT&T that were concealed in his rating upgrade. The case settled for almost \$75 million.



- Represented the lead plaintiffs in a securities fraud class action against the American Italian Pasta Company and its auditor, Ernst & Young. The case, which involved allegations of significant accounting fraud, resulted in a \$28.5 million recovery for his clients.
- Represented a class of investors in Force Protection, a military contractor, alleging securities fraud claims. The case, which concerned accounting fraud as well as allegations that the defendants led investors to be overly optimistic about the company's ability to land new government contracts, settled for \$24 million.

Recognitions

- *Super Lawyers* (New York)



D. Brian Hufford

Partner

D. Brian Hufford leads a national practice representing patients and health care providers in disputes with health insurance companies.

Brian developed innovative and successful legal theories deploying the Employee Retirement Security Act, known as “ERISA,” to help patients and providers obtain health care coverage from insurers.

His efforts led to two of the largest recoveries ever obtained in health insurance class actions.

Brian’s work on litigation against United Healthcare led to a \$350 million settlement, and in a similar action against Health Net, resulted in a \$250 million settlement. Brian also served as co-lead counsel in other national health care litigation against United, Aetna, WellPoint, CIGNA, and Blue Cross and Blue Shield entities. Recently, Brian successfully argued health care appeals before the U.S. Courts of Appeal for the Second, Third and Fifth Circuits, and was lead counsel in two recent trials against Blue Cross and Blue Shield entities on behalf of providers and provider associations.

Brian was designated by *Law360* as a “Health MVP” in 2015, 2016, and 2017. He was chosen as a Plaintiff’s Attorney “Trailblazer” in 2017 by *The National Law Journal*, and has been recognized in industry rankings such as *Benchmark Litigation* and *Super Lawyers*. Brian also serves on the Editorial Advisory Board of BNA’s *Health Law Reporter*, is a member of the Kennedy Forum Legal Workgroup and has published health law-related opinion pieces in *The Washington Post* and CNBC.com.

In addition to representing individual patients and health care providers, Brian has represented or pursued claims for a number of significant institutions, including medical associations such as the American Medical Association (AMA), the New York State Psychiatric Association, Medical Society of the State of New York, the Medical Society of New Jersey, the Society of New York Office Based Surgery Facilities, American Dental Association, American Chiropractic



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Practice Focus

Business Litigation

Health Care

Insurance

Plaintiffs and Class Actions

Education

Yale Law School, J.D., 1985

- Notes and Topics Editor, *Yale Law and Policy Review*
- Thomas I. Emerson Prize for Outstanding Legislative Services Project

Wichita State University,
M.U.A., 1982

Wichita State University, B.A.,
1980



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Association, Congress of Chiropractic State Associations, New York Chiropractic Council, and Pennsylvania Chiropractic Association.

Brian has written and lectured extensively in the area of health care litigation. He has spoken at conferences and seminars sponsored by organizations such as the National Association of Attorneys General, American Medical Association, American Corporate Counsel Association, American Chiropractic Association, and Congress of Chiropractic State Associations, and the American Conference Institute for the National Forum on ERISA Litigation, among others.

Prior to entering private practice, Brian spent two years as an honors attorney in the U.S. Department of the Treasury's Honors Law Program. Brian attended Yale Law School, where he was notes and topics editor for the Yale Law and Policy Review and was awarded the Thomas I. Emerson Prize for the Outstanding Legislative Services Project. He also holds a Bachelor of Arts and a Master of Urban Affairs from Wichita State University, home of the "Wheatshocker."

Bar Admissions

- New York

Court Admissions

- U.S. Supreme Court
- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Third Circuit
- U.S. Court of Appeals, Fifth Circuit
- U.S. Court of Appeals, Seventh Circuit
- U.S. Court of Appeals, Ninth Circuit
- U.S. District Court, District of Colorado
- U.S. District Court, Eastern District of New York
- U.S. District Court, Southern District of New York

Representative Matters

- Led the precedent-setting United Healthcare case, which settled on behalf of a nationwide class of providers and subscribers for \$350 million in 2010, the largest settlement of an ERISA benefit class action in history. Retained by the American Medical Association and various other associations and individual plaintiffs, Brian challenged United's use of a flawed database to determine usual, customary and reasonable (UCR) rates for out-of-network services. The case served as a catalyst for then-New York Attorney General Andrew Cuomo's investigation into the health insurance industry, leading to the creation of a new and independent database to provide



UCR data. In an article in the New York Times on October 27, 2010 states that “a breakthrough came when lawyers for the attorney general’s office consulted” with Brian, leading to a “collaboration” between the Attorney General’s Office and Brian that “brought results.” In a similar action against Health Net, Brian obtained a certified class of ERISA-insured patients followed in 2008 by a settlement valued at \$249 million.

- Successfully argued before the U.S. Court of Appeals for the Second Circuit on behalf of the New York State Psychiatric Association and various individual mental healthcare providers and patients against United. In a precedent-setting decision, the Second Circuit confirmed in 2015 that United could be sued for benefits under ERISA and for violations of the Federal Parity Act, even with respect to self-funded plans, where United served solely as a claims administration. Amicus briefs were filed on behalf of Brian’s clients by the U.S. Department of Labor, American Medical Association, American Psychiatric Association and Patrick Kennedy (the original sponsor of the Federal Mental Health Parity Act as a U.S. Representative from Rhode Island). HealthAffairs.org lauded the decision as a “landmark ruling” that has been “praised by patients and advocates.”
- Successfully argued before the Third Circuit on behalf of providers and plaintiffs in his own case and, as amici curiae, on behalf of the American Medical Association and the Medical Society of New Jersey in a related case, Accepting Brian’s argument, the Third Circuit issued a precedent-setting decision in 2015 confirming that providers who have been assigned the right to receive benefit payments from their ERISA-insured patients are legally entitled to assert legal claims under ERISA to challenge benefit denials.
- Pursued an appeal to the U.S. Court of Appeals for the Fifth Circuit in an action against United on behalf of one of the nation’s largest surgical implant providers after the district court held that a provider’s state court claims against United were preempted by ERISA. Successfully arguing the appeal before the appellate panel, Brian succeeded in reversing the decision by a 3-0 vote, based on the allegations that United made affirmative misrepresentations to the provider over whether it could bill and be paid directly by United for its services, which did not implicate the underlying purpose of ERISA. Thereafter, United sought en banc review, after which Brian persuaded the Department of Labor to file an amicus brief in support of its position, and to participate in oral argument. Brian successfully argued the appeal before the en banc panel, which unanimously found our client’s favor. United then filed a petition for writ of certiorari, which the U.S. Supreme Court denied on February 25, 2013, leaving the Fifth Circuit’s decision intact.
- Represented a durable medical equipment provider challenging repayment demands issued by Aetna for previously paid benefits as in violation of ERISA. The complaint brought on behalf of the client was initially dismissed by the district court, and Brian successfully reversed the decision before the U.S. Court of Appeals for the Third Circuit, after again obtaining an amicus brief from the Department of Labor in favor of his position.
- Represented two health care providers who were sued for billing fraud. After successfully removing the case to federal court, with a finding that ERISA completely preempted the fraud claims, he was lead trial counsel in a 20-day ERISA bench trial. A complete judgment in favor of



his clients was obtained, enjoining the insurer from seeking to recover previously paid benefits and ordering returning of improperly recouped funds, plus interest.

- Appointed Chair of the Plaintiffs' Executive Committee in In re Aetna UCR Litigation by Judge Faith Hochberg, an MDL action challenging how Aetna paid for out-of-network health care services. In appointing Brian, Judge Hochberg specifically addressed his work in a prior healthcare litigation, stating: "The Court similarly appointed [Brian's firm] to be Plaintiffs' spokesman to the Court in the Health Net litigation because the Court found D. Brian Hufford, Esq. to be the attorney most capable of presenting Plaintiffs' position in a clear and concise manner."
- Represented chiropractors and state chiropractic associations challenging Aetna's policy of making repayment demands and placing providers into prepayment review. He defeated Aetna's motion to dismiss, upholding ERISA claims on behalf of the providers.
- Represented the American Chiropractic Association, the Congress of State Chiropractic Associations, various state associations, and individual providers in an action challenging UnitedHealth Group's repayment demand policy and improper restrictions on coverage for chiropractic services. He defeated the defendant's motion to dismiss, upholding ERISA claims on behalf of providers. Therefore, he obtained class certification on behalf of a nationwide class of out-of-network providers, alleging that UnitedHealth's repayment demand practices violated ERISA.
- Represented patients who were subjected to the imposition of improper length-of-stay guidelines for hospitalization. The defendant's motion to dismiss was denied, and the decision was upheld on appeal by 5-0 vote.
- Represented insurance subscribers in action against Healthsource, Inc. for failing to disclose the financial incentives it paid to providers to encourage reductions in the level of care provided. He defeated the defendant's motion to dismiss, and the court upheld his clients' claims that the insurer had breached its fiduciary duties under ERISA.
- Representing individual patients and putative classes in actions against major insurance companies for their failure to cover an FDA-approved treatment for depression. The plaintiffs allege breaches of fiduciary duties and wrongful denial of benefits under ERISA. Brian led the team which settled one of those cases, with the insurer agreeing to cover the service going forward and making a monetary payment to the class, and in the other case the court granted certification of a nationwide class of patients who were denied coverage. While the case is proceeding, the insurer has changed its policy after being sued to cover the treatment.
- Representing a putative class of patients in an action against a major insurance company for allegedly discriminating against out-of-network psychiatrists and other mental health providers for mental health services. Plaintiffs allege that the insurer's policy of reimbursing mental health providers less than non-mental health specialists for providing the same services violates ERISA.
- Representing ambulatory surgery centers who were subjected to offsets of new claims by Aetna, Inc, based on Aetna's retroactive decision to alter its reimbursement policy for out-of-



network services. Brian defeated Aetna's effort to dismiss the claims, which are now proceeding on the merits.

- Brian has been retained on an hourly basis to represent a number of providers and provider groups to consult with them concerning ongoing disputes with insurers, as well as to represent them in ongoing litigations.

Recognitions

- 2017 *Law360* Health MVP of the Year
- 2017 Plaintiff's Attorney "Trailblazer" for *The National Law Journal*
- 2016 *Law360* Health MVP of the Year
- 2015 *Law360* Health MVP of the Year
- *Benchmark Litigation*, Local Litigation Star (New York)
- *Super Lawyers* (New York)



Jason M. Knott

Partner

Jason M. Knott, a litigator with 14 years of experience, represents companies and individuals in high-stakes civil and criminal disputes.

Jason has a broad-ranging civil practice, with particular emphasis on matters involving employment, insurance, and health care. In addition to litigation, Jason helps executives and employers in negotiating employment agreements and departures.

Jason is the co-founder and editor of Suits by Suits, a legal blog about controversies between executives and their employers.

Jason has assisted clients in responding to investigations by governmental entities, including the Department of Justice, Securities & Exchange Commission, Committees of the House of Representatives, and the Office of Congressional Ethics, and he is also experienced in internal investigations.

Professional Leadership

- Barrister, William B. Bryant American Inn of Court
- Treasurer, Historical Society of the District of Columbia Circuit

Bar Admissions

- District of Columbia
- North Carolina (inactive)

Court Admissions

- U.S. Supreme Court
- U.S. Court of Appeals, District of Columbia Circuit
- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Fifth Circuit
- U.S. District Court, District of Columbia
- U.S. District Court, District of Colorado



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Practice Focus

Business Litigation
Congressional Investigations
White Collar Defense
Employment Law and Litigation
False Claims Act
Health Care
Plaintiffs & Class Action
Litigation
Procurement Fraud

Education

Harvard Law School, J.D., *cum laude*, 2003

- Journal of Law and Technology

University of North Carolina, B.A., with distinction, 2000

- Morehead-Cain Scholar
- Phi Beta Kappa



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JASON M. KNOTT | 1

Representative Matters

- Negotiated numerous severance and employment agreements on behalf of individual executives, and advised executives on compliance with non-competes and other provisions.
- Advises employers, officers, and directors concerning terminations, whistleblower responses, and the conduct of internal investigations.
- Represents patients and providers in ERISA and antitrust class actions challenging insurers' administrative fee charges, utilization review policies, and restrictions on competition.
- Represents insurance underwriters in insurance coverage and subrogation actions related to lead paint claims.
- Represented Matthew Lawlor, former CEO of an online banking company, against his former employer in a breach of contract dispute. After an 11-day trial in which Jason cross-examined several key witnesses, the jury awarded Mr. Lawlor a \$5.3 million verdict. The case was recognized by Virginia Lawyers Weekly as one of "Virginia's Largest Verdicts of 2011."
- Represented the former partner of an investment firm in his lawsuit for breach of an agreement related to his economic participation in that firm. The jury awarded our client \$1.1 million for the investment firm's breach of contract, and the court granted our motion for summary judgment on the investment firm's counterclaim for breach of fiduciary duty.
- Represented a class of plaintiffs in an action involving allegations of fraud in the sale of limited-benefit insurance policies. The Arkansas Supreme Court affirmed class certification, and the firm achieved a settlement for the class that was valued in excess of \$40 million.
- Represented client in Foreign Corrupt Practices Act investigations by the Securities and Exchange Commission, the U.S. Department of Justice, and the Federal Reserve.
- Represented a member of Congress in highly publicized congressional investigations and an inquiry by the Office of Congressional Ethics.

